

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000003930

**Entity Name:** VETERINARY ORTHOPEDIC IMPLANTS, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

310 COMMERCE LAKE DRIVE - UNIT 107  
ST. AUGUSTINE, FL 320958808

**New Principal Place of Business:**

**Current Mailing Address:**

310 COMMERCE LAKE DRIVE - UNIT 107  
ST. AUGUSTINE, FL 320958808

**New Mailing Address:**

FEI Number: 36-3907253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, RALPH L ESQ.  
STEWART, EVANS, STEWART & EMMONS, P.A.  
3355 OCEAN DRIVE  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPSD  
Name: GENDREAU, CLAUDE  
Address: 496 SHERRY LANE  
City-St-Zip: RIVERWOODS, IL 60015

Title: PD  
Name: GENDREAU, PATRICK  
Address: 2061 CROWN DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK GENDREAU

Electronic Signature of Signing Officer or Director

PRES

01/06/2012

Date